

AUTHORIZATION FOR RELEASE OF INFORMATION

(Carefully read this authorization to release information—Sign and date below)

Requesting Company - City of Cabot, AR

I hereby authorize a representative of a'TEST consultants, inc., to obtain any information relating to my activities. Sources include schools, employers, residential management agents, individuals, criminal justice agencies, credit bureaus, Department of Motor Vehicles, collection agencies, retail business establishments, and other Consumer Reporting Agencies (CRA). This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, credit, employment, driving and law enforcement history and records.

I further authorize any and all present and former employers, school administrators, financial institutions and any other custodians of records pertaining to me to release such information upon request of a duly authorized representative of a TEST consultants, inc. I acknowledge that a TEST consultants, inc., is not responsible for the content of information obtained from public and private repositories and hereby waive all liability against a TEST consultants, inc.

a'Test consultants, inc., is hereby authorized to disclose all information obtained through its investigations to the requesting entity for the purpose of making a determination as to my eligibility for employment, continued employment, promotion, any disciplinary or other lawful purpose.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two years from the date signed.

Signature		Print Full Name
Other Names Used		Social Security Number
Current Home Address		Date of Birth
City	State	Zipcode

If you have lived not lived at your current residence for three years, please list additional addresses and attach to this form.